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UNITED NATIONS POPULATION FUND

Draft country programme document for Chad

Proposed UNFPA assistance: $12.3 million: $8.9 million from regular resources and $3.4 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Fifth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	5.0	2.4	7.4
Population and development	1.4	0.5	1.9
Gender	2.0	0.5	2.5
Programme coordination and assistance	0.5	-	0.5
Total	8.9	3.4	12.3

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I. Situation analysis

1. Chad covers an area of nearly 1.3 million square kilometres. It has a population of 9.3 million and an annual population growth rate of 3.1 per cent. Forty-six per cent of the population lives in the meridian zone, which represents just 10 per cent of the country. The uneven distribution of the population places a strain on national development efforts. Despite the recent utilization of national petroleum resources, 54 per cent of the population lives on less than $1 a day.

2. Mortality indicators are high. The infant mortality rate was 101 deaths per 1,000 live births in 2004, down from 103 deaths per 1,000 live births in 1996-1997. The maternal mortality ratio is 827 deaths per 100,000 live births. Mortality and morbidity levels are high due to: (a) limited access to reproductive health services, particularly in rural areas, where 80 per cent of the population lives; (b) the lack of skilled attendance during deliveries, with only 21 per cent of births attended by skilled attendants in 2004, down from 24 per cent in 1996-1997; (c) the lack of skilled reproductive health service providers; (d) the high and stagnating total fertility rate of 6.3 children per woman; (e) the prevalence of early and closely spaced pregnancies; (f) the low contraceptive prevalence rate (1.6 per cent in 2004); and (g) sociocultural norms and harmful practices that have a negative impact on maternal health.

3. Adolescent girls aged 15 to 19 years contribute to 15 per cent of total fertility. Fifty-two per cent of adolescents are married by age 16, and 58 per cent of girls have already had a child by the age of 18. The national HIV/AIDS prevalence rate was 4.8 per cent in 2004. Women account for 58 per cent of all HIV cases, and young girls aged 15-24 account for half of all HIV-infected pregnant women.

4. Women represent 52 per cent of the population. Their status is low, and is characterized by a lack of political and economic opportunities as well as limited access to basic social services. As of 2004, 75 per cent of women had never attended school, compared to 47 per cent of men. In 1999-2000, 68.2 per cent of boys were enrolled in schools, as opposed to 44.7 per cent of girls. Women are also victims of gender-based violence, including female genital cutting/female genital mutilation. Forty-five per cent of women have undergone the practice, with prevalence varying from 2 to 90 per cent, according to ethnic affiliation.

5. Men's involvement in reproductive health programmes is limited. Women have little decision-making power regarding birth spacing and often require the permission of their husbands to access services, including emergency obstetric care.

6. The presence of large numbers of refugees has negatively affected the availability of basic social services and caused friction within vulnerable host communities. There are over 200,000 Sudanese from Darfur in the east, and 45,000 refugees from the Central African Republic in the south.

7. Efforts to monitor and evaluate population and development programmes have been hampered by weak statistical databases and the lack of disaggregated data and gender studies. Coordination is also insufficient.

II. Past cooperation and lessons learned

8. UNFPA assistance to Chad began in 1986 with the renovation of the National Centre for Maternal and Child Health. The fourth UNFPA-supported programme (2001-2005), with a budget of $6.5 million, focused on reproductive health, population and development, gender and advocacy.

9. The Government has initiated social reforms and launched a series of consultative processes with development partners. These processes include: (a) the 1998 Geneva IV Round Table, which led to the prioritization of four sectors: health and social affairs; education; rural development; and infrastructure; (b) a review of the population policy declaration (2002-2015); (c) the

adoption of the national strategy on good governance; (d) the promulgation of the reproductive health law; (e) the development of an assistance programme to reform the education sector; (f) the adoption of a national strategy to combat fistula; and (g) the adoption of a national poverty reduction strategy.

10. In the area of reproductive health, the programme: (a) carried out sensitization activities on family planning; (b) advocated girls' education and adolescent reproductive health; (c) introduced population and family life education into the school curricula; and (d) established a site for the social and medical management of obstetric fistula to reduce maternal morbidity.

11. A number of factors, including staffing shortages and insufficient training, particularly in reproductive health, constrained programme performance. Trained staff members were frequently reassigned and their distribution was inadequate. Other contraints included an inefficient reproductive health commodity security system and a lack of financial resources. These problems will be addressed in the fifth country programme.

12. In the area of population and development, programme accomplishments included: (a) an evaluation of the implementation of the population policy declaration for the period 1994-2001 and its review for 2002-2015; (b) the integration of a population and development module into the curriculum of the Department of Geography at the University of N'Djamena; (c) demographic projections highlighting the efforts needed to achieve the Millennium Development Goal (MDG) of universal primary education by 2015; (d) the establishment of a sociodemographic database unit and the training of its staff; and (e) annual reports on the state of the population of Chad and sectoral population reports. Weak national programme coordination hampered programme performance.

13. In the area of gender, programme assistance resulted in: (a) the publication of a study on women's legal and sociocultural conditions; (b) the incorporation of gender dimensions into the population policy declaration (2002-2015); and (c) capacity-building among rural women's groups through income-generating activities, which improved livelihoods and supported community activities, including the creation of schools.

14. Advocacy activities contributed to: (a) the sensitization of political, traditional and religious leaders; (b) the promulgation of the reproductive health law; and (c) the establishment of coalitions and networks that advocate population issues.

15. The success of the fifth country programme will depend on the following strategies: (a) strengthening national technical and institutional capacities in reproductive health (including the management of obstetric fistula and the prevention of sexually transmitted infections (STIs) and HIV/AIDS), database management and women's empowerment; (b) intensifying behaviour change communication (BCC) and advocacy activities to increase the demand for and utilization of reproductive health services; (c) promoting partnerships with religious leaders, population networks, women's networks and the media; (d) mobilizing resources; (e) retaining trained staff to sustain the programmes; and (f) strengthening national execution modalities.

III. Proposed programme

16. The Government formulated the programme within the context of United Nations reform on the simplification and harmonization of programming modalities, in collaboration with non-governmental organizations, civil society stakeholders and UNFPA. It is derived from the national poverty reduction strategy; the Programme of Action of the International Conference on Population and Development (ICPD); the MDGs; the Beijing Platform for Action; the Plan of Action on the Family in Africa; the population policy declaration; and the common country assessment/ United Nations Development Assistance Framework (CCA/UNDAF).

17. The goal of the programme is to contribute to the improvement of the quality of life of the people of Chad by promoting high-quality reproductive health services, including those focusing on HIV/AIDS prevention, gender equity and equality, and women's empowerment, and by integrating population and gender concerns into development plans and programmes.

18. The country programme is aligned with four UNDAF outcomes, as contained in the attached results and resources framework: (a) by 2010, the quality of life of the most disadvantaged social groups is improved in the programme areas of the United Nations system (increased income; food security; moderate and severe malnutrition of children under 5 reduced; morbidity and mortality reduced; access to clean water and sanitation improved; quality education for all children, especially girls, ensured; and the spread of HIV/AIDS contained; (b) by 2010, participation in and equitable control of decision-making processes in the area of development and management of public affairs is increased; (c) by 2010, humanitarian crises and emergency situations are more efficiently anticipated and managed; and (d) by 2010, HIV/AIDS prevalence is stabilized at 4.8 per cent and its impact reduced.

19. The proposed programme includes three components: (a) reproductive health, with a focus on maternal health and HIV/AIDS prevention in 13 of 18 regions; (b) population and development; and (c) gender, with an emphasis on women's empowerment.

Reproductive health component

20. The reproductive health outcome is: access to and utilization of high-quality reproductive health services, including HIV/AIDS prevention, particularly by women, men and vulnerable groups, including young people, refugees and host communities, are improved. There are four outputs under this component.

21. Output 1: Increased availability of reproductive health services, including adolescent reproductive health services, in programme areas. The following strategies will contribute to achieving this output: (a) strengthening the technical capacities of service providers in family planning, preventing STIs and HIV/AIDS, and emergency obstetric care; (b) strengthening the institutional capacities of health centres, including those in garrisons and military camps, as well as youth centres, by providing reproductive health commodities and tools for BCC and programme management; (c) implementing the national strategy on reproductive health commodity security; (d) intensifying social mobilization and BCC activities to increase the utilization of services, particularly by women and girls; (e) ensuring the availability of a minimum reproductive health service package in refugee camps and health facilities in host communities; and (f) establishing an efficient and multisectoral coordination mechanism.

22. Output 2: Strengthened national capacity to implement the national strategy to combat obstetric fistula. The programme will: (a) strengthen fistula prevention through BCC and community sensitization; (b) support the transformation of the fistula treatment unit into a national centre for prevention, training, treatment and documentation; (c) strengthen the operational capacity of the centre and its three satellite centres by providing adequate equipment and educational materials; (d) develop mechanisms to reintegrate patients with repaired fistulas into society; and (e) increase the skills of service providers in fistula management.

23. Output 3: Increased availability of HIV/AIDS prevention services for women, men and vulnerable groups, including young people, refugees and host communities. UNFPA will: (a) strengthen the technical capacities of service providers in preventing STIs and HIV/AIDS and in the syndromic management of STIs; (b) strengthen the technical skills for voluntary counselling and testing; and (c) ensure a regular supply of male and female condoms and STI management kits.

24. Output 4: Strengthened capacity to mainstream population and family life education,

emphasizing gender, health education and the prevention of STIs and HIV/AIDS, at the primary school level, and to introduce such education in secondary and technical schools. Strategies aim to: (a) strengthen the technical capacity of trainers, inspectors and educational advisers; (b) launch the process of introducing population and family life education to secondary and technical schools; and (c) develop partnerships to sensitize communities on population and family life education.

Population and development component

25. The outcome for this component is: population and development concerns are integrated into the planning, implementation, and monitoring and evaluation of programmes, plans and development frameworks. There are two outputs under this component.

26. Output 1: Strengthened national capacity to integrate population concerns into development plans and programmes. UNFPA will: (a) advocate the adoption of the population policy declaration and the integration of population and development into higher education; and (b) strengthen the capacities of the Division for the Coordination of Population Activities in the Ministry of Planning, Development and Cooperation, in order to better coordinate and manage population programmes.

27. Output 2: Strengthened technical capacities in collecting, analysing and utilizing data for development planning, monitoring and evaluation. Strategies include: (a) the establishment of an integrated database to generate indicators to monitor the national poverty reduction strategy, the population policy declaration and the MDGs; (b) advocacy to conduct the second population and housing census and intercensal surveys; and (c) carrying out studies and research related to population and development and to gender.

Gender component

28. The outcome of the gender component is: human rights, including gender equity and equality and women's empowerment, are promoted. There are two outputs under this component.

29. Output 1: Increased support to improve the legal, socio-economic and cultural environment to promote women's empowerment. In partnership with national women's networks, UNFPA will: (a) advocate the adoption and implementation of the family code; (b) increase the number of interventions to prevent gender-based violence, particularly female genital cutting/female genital mutilation; (c) strengthen awareness of and advocacy for girls' education at primary and secondary levels; (d) intensify advocacy for women's access to resources and decision-making processes; and (e) strengthen income-generating activities to promote women's empowerment, especially in rural areas.

30. Output 2: Strengthened technical and institutional capacities to integrate gender into development policies, plans and programmes. UNFPA will: (a) improve the skills of development planners on gender, including gender mainstreaming and gender analysis; (b) advocate the adoption and implementation of a national gender policy; (c) promote dynamic partnerships with institutions in charge of data production and utilization; and (d) advocate the integration of gender into the curricula of training institutions.

IV. Programme management, monitoring and evaluation

31. The programme will be nationally executed through the inter-ministerial technical committee. This committee will work closely with the UNDAF coordination mechanism and with the UNDAF monitoring and evaluation committee, which ensures that interventions support the objectives of the national poverty reduction strategy.

32. Monitoring and evaluation mechanisms will follow UNFPA rules and procedures, which call for: (a) quarterly and annual reports prepared by national counterparts; (b) annual reviews and an UNDAF midterm review; (c) monitoring mission reports; (d) independent evaluation reports; (e)

annual financial audits; and (f) a final evaluation to identify constraints, lessons learned and progress made. Means of verification include the CCA/UNDAF, 2002-2006; demographic and health surveys; knowledge, attitudes and pratices surveys; health and education statistics; contingency plans; and the population and housing census.

33. UNFPA will seek to mobilize additional resources for the programme and will prepare a resource mobilization plan in close consultation with the United Nations country team.

34. In accordance with the approved country office typology, the UNFPA office in Chad consists of a representative, an assistant representative, four national programme officers, a national programme assistant, an operations manager and four support staff. National project personnel and technical advisers may be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR CHAD

National priority (2003-2015): the national priority is based on the national poverty reduction strategy, which emphasizes five key intervention areas: (a) promoting good governance; (b) ensuring strong and sustainable economic growth; (c) strengthening human resources; (d) improving living conditions of vulnerable groups; and (e) restoring and maintaining ecosystems

UNDAF outcomes: by 2010, the quality of life of the most disadvantaged social groups is improved in the programme areas of the United Nations system (increased income; food security; moderate and severe malnutrition of children under 5 reduced; morbidity and mortality reduced; access to clean water and sanitation improved; quality education for all children, especially girls, ensured; spread of HIV/AIDS contained); by 2010, humanitarian crises and emergency situations are more efficiently anticipated and managed; by 2010, HIV/AIDS prevalence is stabilized at 4.8% and its impact reduced

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	Outcome: Access to and utilization of high-quality reproductive health services, including HIV/AIDS prevention, particularly by women, men and vulnerable groups, including young people, refugees and host communities, are improved Outcome indicators: • Contraceptive prevalence rate increased from 1.6% to 4% • Percentage of population, disaggregated by age and sex, accessing reproductive health priority services • Percentage of refugees and host populations, disaggregated by age and sex, accessing reproductive health services	Output 1: Increased availability of reproductive health services, including adolescent reproductive health services, in programme areas Output indicators: • 75% of health centres providing priority reproductive health services • Increase in rate of assisted births from 21% to 30% • Increase in rate of antenatal visits from 43% to 50% • 75% of health centres and 100% of youth centres offer adolescent reproductive health services • 80% of young people visiting youth centres utilize adolescent reproductive health services • 30% of rural districts offering community-based services • Reproductive health commodity security strategy is functional	• Ministries of Health; Family; Youth, Culture and Sports; Agriculture; and Education • Chadian Association for Family Well-Being (ASTBEF); Chadian Association for Social Marketing (AMASOT); World Bank; World Health Organization (WHO); Food and Agriculture Organization of the United Nations; UNICEF	$7.4 million ($5 million from regular resources and $2.4 million from other resources)
		Output 2: Strengthened national capacity to implement the national strategy to combat obstetric fistula Output indicators: • National fistula centre (training, prevention and treatment) and three regional satellites are functional • 75% of maternal health units supported provide comprehensive fistula management • 100% of fistula cases identified at the national referral centre and three satellites are treated • At least 50% of sensitized community leaders are committed to the fistula programme	• Ministries of Health; Family; Education, and Communication • Fistula Unit, Liberte Hospital; women's networks; WHO	
		Output 3: Increased availability of HIV/AIDS prevention services for women, men and vulnerable groups, including young people, refugees and host communities Output indicators: • Existence of a national policy to combat HIV/AIDS among young people • HIV prevention kits available and used in all refugee camps	• ASTBEF • African Development Bank	
		Output 4: Strengthened capacity to mainstream population and family life education, emphasizing gender, health education and the prevention of STIs and HIV/AIDS, at the primary school level, and to introduce such education in secondary and technical schools Output indicators: • 80% of primary schools teaching population and family life education • 80% of targeted secondary schools correctly using population and family life educational tools	• Ministries of Education and Communication • National Institute for Statistics	

UNDAF outcome: by 2010, participation in and equitable control of decision-making processes in the area of development and management of public affairs is increased (at the national level, a culture of self-development is fostered and respect for and practice of human rights ensured through the promotion of a conducive social, economic, political and legal environment)				
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Population and development	Outcome: Population and development concerns are integrated into the planning, implementation, and monitoring and evaluation of programmes, plans and development frameworks Outcome indicator: • Number of plans and programmes integrating population and development issues at national and local levels	Output 1: Strengthened national capacity to integrate population concerns into development plans and programmes Output indicators: • Population policy declaration adopted and implemented • Number of training institutions with population and development integrated into training programmes • Integration tools are available at decentralized levels Output 2: Strengthened technical capacities in collecting, analysing and utilizing data for development planning, monitoring and evaluation Output indicators: • Database for monitoring the programme and MDGs functional and utilized • Second population and housing census conducted • Number of studies and research activities conducted and results utilized • Emergency kits available to cover reproductive health needs in the event of a new influx of refugees • Monitoring and information system on humanitarian response developed and implemented	• University of N'Djamena • National Institute for Statistics • World Bank • United Nations system • Ministry of Planning, Development and Cooperation • World Bank • United Nations system	$1.9 million ($1.4 million from regular resources and $0.5 million from other resources)
Gender	Outcome: Human rights, including gender equity and equality and women's empowerment, are promoted Outcome indicators: • Number of legal instruments in favour of gender equity and equality adopted • Increase in girls' enrolment rate to at least 44% at the primary school level and from 3% to 6% at the secondary school level • Monitoring structure for equity and equality exists	Output 1: Increased support to improve the legal, socio-economic and cultural environment to promote women's empowerment Output indicators: • Family code is adopted and publicized • 80% of women's groups supported have developed a sustainable microcredit scheme • 50% of women's group members trained in leadership, development and the management of income-generating activities • Number of community members supporting female genital cutting/female genital mutilation decreased by 30% for women and by 20% for men • 30% increase in number of rural community leaders and heads of households supporting girls' education Output 2: Strengthened technical and institutional capacities to integrate gender into development policies, plans and programmes Output indicators: • National gender policy is adopted, promulgated and implemented • Number of programmes and projects incorporating a gender approach • Number of training institutions that have integrated gender training into their curricula • Number of studies and the amount of research on gender conducted	• Ministry of Family; Ministry of Education • Women's population and development networks • UNICEF • Ministry of Family; Ministry of Planning, Development and Cooperation • University of N'Djamena • Women's population and development networks	$2.5 million ($2 million from regular resources and $0.5 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources